

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90093 030 ***150.00

DOCUMENT # P02000108047

1. Entity Name
PEST SOLUTIONS BY MARK, INC.



Principal Place of Business
**1409 ELGIN ST.
LAKELAND FL 33801**

Mailing Address
**1409 ELGIN ST.
LAKELAND FL 33801**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

46-0502665

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name **Debra L. Stevens**

Street Address (P.O. Box Number is Not Acceptable)

1409 ELGIN ST.

City **LAKE LAND**

FL

Zip Code **33801**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **[Signature]** **S/T (Debra L. Stevens)**

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **STEVENS, MARK J**
STREET ADDRESS **1409 ELGIN ST.**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S/T** ☐ Delete
NAME **DEBRA L. STEVENS**
STREET ADDRESS **1409 ELGIN ST**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **S/T** ☐ Change ☐ Addition
NAME **DEBA L. Stevens**
STREET ADDRESS **1409 Elgin St.**
CITY-ST-ZIP **Lakeland, FL 33801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **[Signature]** **MARK J STEVENS**

3-10-03

(863) 683-8264

Date

Daytime Phone #

CR2E034 (10/02)